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Bib Data Sheet

CONFIRMATION NO. 7346

708/105
600/300
600/508
600/309

SERIAL NUMBER 09/992,793	FILING DATE 11/14/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. PUT-100
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APPLICANTS
Katharine T. Putnam, Gainesville, FL;

**** CONTINUING DATA *******
None

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **
12/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
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ADDRESS
23557

TITLE
Medication dosage calculator

FILING FEE RECEIVED 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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